



**EDUCATOR**  
**& SCHOOL**  
**STAFF TOOLKIT**

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# INTRODUCTION

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Eating disorders typically first appear during the teen years or young adulthood with approximately 6-8% of adolescents developing an eating disorder before age 18. When we also look at subclinical symptoms, patterns of disordered eating that don't yet meet the criteria for a clinical diagnosis, the number rises to 22% of children and adolescents worldwide. In other words, nearly one in four students may be affected. Early onset is linked to a 25-year reduction in life expectancy, underscoring the urgency of early recognition and support.

Disordered eating can include restricting food intake, binge eating, purging, excessive exercise, or the misuse of diuretics, laxatives, and weight loss medications. One common type of disordered eating is called orthorexia, an extreme obsession with "healthy eating" that can compromise overall health and well-being. Although these patterns might not meet the criteria for a clinical eating disorder, they can pose serious health risks and are a significant risk factor for developing an eating disorder. That's why early intervention is critical, to prevent symptoms from worsening and to support recovery as early as possible.

Eating disorders don't have a single cause. They can develop from a complex interplay of biological factors like genetics and family history, psychological influences such as perfectionism or co-occurring conditions like anxiety, depression, or ADHD, and social factors like trauma, bullying, or exposure to unrealistic body ideals.

As an educator, you are in a unique position to make a difference. You are often one of the first adults outside the home to notice changes in a student's behavior, appearance, or mood. Your awareness can help identify concerns early, open conversations, and connect students to the care they need. You also play a critical role in shaping school environments that promote positive body image, self-worth, and mental well-being.

This toolkit was developed with input from experts to help you recognize the signs of eating disorders, respond with confidence and care, and connect students with appropriate resources. With the right knowledge and tools, you can help prevent disordered eating from escalating—and be a trusted source of support for students and families who are struggling.



## Creating a Safe and Supportive School Culture

In today's society, students are frequently exposed to harmful messages about body image and eating, which can increase the risk of developing disordered eating behaviors. As an educator, you have the opportunity to play a powerful role in challenging these influences and helping to foster a school culture that supports a healthier relationship with body image and food—potentially preventing these issues from escalating into clinical eating disorders.

**Here are ways to foster a safe school culture and reduce the risk of disordered eating behaviors becoming chronic:**

### **Learn about eating disorders.**

Understand the facts versus myths so you can recognize early warning signs, avoid perpetuating misinformation, and engage in informed, compassionate conversations with students, families, and school mental health professionals.

### **Educate students to reduce stigma and increase awareness.**

Teaching students about eating disorders, body image, and the dangers of dieting can decrease the likelihood of engaging in disordered behaviors. Many students report they don't disclose concerns because they lack basic understanding or fear judgment. Normalizing conversations around these topics encourages help-seeking and openness.

### **Create a school culture free of judgment where students feel supported.**

Normalize discussions about mental health and body image. Build opportunities for students to safely disclose concerns—either about themselves or peers—and ensure they know who they can talk to. An inclusive environment is one where help-seeking is seen as a strength, not a weakness.

### **Challenge weight stigma.**

Combat the societal “thin ideal” by making your classroom and school a space where all bodies are respected and welcomed. Weight stigma, or discrimination based on weight, is a known risk factor for eating disorders.

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*“As an educator, you have the opportunity to play a powerful role in helping to foster a school culture that supports a healthier relationship with body image and food.”*



**Ways to do this include:**

**Model body acceptance:** Be a positive role model for body acceptance and a balanced relationship with food and movement. Reflect on how your own beliefs about body size, weight, overall appearance, and health may be communicated to students—intentionally or not.

**Address weight-based bullying:** Advocate for and enforce policies that ensure all students are protected from appearance-based harassment. Be clear with students that bullying, especially about one’s weight, is not acceptable. **Promote media**

**literacy:** Encourage critical thinking about media and cultural beauty standards as exposure to the “thin ideal” in media is linked to body dissatisfaction, internalization of unrealistic standards, and disordered eating. Avoid using “pro-ana” or “anti-pro-ana” videos as awareness tools as they can unintentionally encourage viewers to emulate the disordered behaviors they describe.

**Foster awareness of language and policies:** Identify school policies that may promote the “thin ideal” and advocate for size-inclusive practices. Collaborate with stakeholders in your school, including administrators, counselors, social workers, psychologists, families, and student groups to advocate for changes such as eliminating mandatory weight or BMI reporting.

**Assess health curriculum content:** Traditional health lessons that emphasize weight loss and restrictive eating, or BMI reporting, can unintentionally reinforce disordered behaviors and weight stigma. Instead, advocate for the inclusion of Health at Every Size (HAES®) principles, which promote health and well-being without focusing on weight as the primary indicator of health. You can learn more about HAES® principles here: [nationaleatingdisorders.org/size-diversity-and-eating-disorders](https://nationaleatingdisorders.org/size-diversity-and-eating-disorders)

## Types of Eating Disorders

As an educator, having a basic understanding of the types of eating disorders can help you recognize when a student may be struggling and respond promptly. Below are the most common types of eating disorders. It's important to note that signs and experiences can vary, students may not fit the textbook descriptions. For more information on additional types, visit: [nationaleatingdisorders.org/what-are-eating-disorders](http://nationaleatingdisorders.org/what-are-eating-disorders).

**Anorexia Nervosa (AN)** involves severe restriction of food intake, leading to weight loss or a lack of appropriate weight gain in growing children. Individuals often struggle to maintain a body weight that is healthy for their age, height, and growth needs. Many also experience intense concerns about body image.

**Avoidant Restrictive Food Intake Disorder (ARFID)** involves extreme restriction in the amount or type of food eaten, unrelated to body image concerns. This restriction may stem from sensory sensitivities, low interest in eating, or fear of negative consequences such as choking or vomiting. ARFID often presents as a co-occurring disorder alongside other neurodevelopmental or psychiatric conditions such as autism, ADHD, or anxiety.

**Binge Eating Disorder (BED)** involves repeated episodes of eating large amounts of food, often rapidly and beyond the point of fullness. Binges typically occur alone or in secret and are associated with feelings of loss of control, shame, and guilt.

**Bulimia Nervosa (BN)** is characterized by cycles of binge eating followed by compensatory behaviors, such as self-induced vomiting, fasting, excessive exercise, misuse of laxatives, diuretics, or other medications.

**Other Specified Feeding or Eating Disorders (OSFED)** describes clinically significant eating concerns that do not meet the full criteria for other diagnoses. Examples include Atypical Anorexia, subthreshold Binge Eating Disorder or Bulimia Nervosa, Purging Disorder, and Night Eating Syndrome.

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*“Having a basic understanding of the types of eating disorders can help you recognize when a student may be struggling and respond promptly.”*

# Eating Disorder Signs and Symptoms Specific to a School Setting

As educators and school staff, you're often the first to notice subtle shifts in mood, behavior, or physical health that may signal an eating disorder. Early identification is key, as recovery outcomes improve when intervention happens sooner. Being familiar with potential warning signs can help you recognize students who may be struggling.

The list below highlights signs and symptoms that may indicate a student is at risk. It is not exhaustive, and not every student with an eating disorder will show all, or any, of these signs. While educators play a vital role in noticing warning signs and providing support, it's important to remember that only a qualified professional can diagnose an eating disorder.

## **Emotional and behavioral signs:**

- Preoccupation with weight loss, food, calories, and dieting
- Refuses to eat certain foods and often eliminates whole food groups (carbohydrates, fats, etc.)
- Develops food rituals (i.e., eating foods in certain orders, excessive chewing, rearranging food on a plate)
- Drinks excessive amounts of water or non-caloric beverages
- Makes excuses to avoid mealtimes or situations involving food (i.e., avoids the cafeteria)
- Engages in excessive exercise routines, often despite fatigue, illness, or injury
- Extreme concern with body size or appearance, including mirror-checking or hiding their body with baggy clothes
- Withdraws from friends and previously pleasurable activities and becomes more isolated and secretive
- Extreme mood swings (i.e., becoming more irritable, anxious, or depressed)
- Changes in academic performance, such as difficulty completing homework or staying focused in class

- Rigid thinking and difficulty adapting to change or shifting between tasks
- Perfectionism, low self-esteem, and impulsivity
- Overvalues self-sufficiency and is fearful of losing control
- Denies there is a problem and/or does not recognize the severity of their symptoms
- Increased absenteeism due to psychological and physical impairments related to eating disorders

## **Physical signs:**

- Difficulties with concentration, focus, memory loss, and/or information processing
- Dizziness, especially upon standing
- Fainting/syncope
- Muscle weakness
- Feeling cold all the time
- Noticeable fluctuations in weight, both up or down
- Stomach cramps or other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Cuts and calluses across the top of finger joints (a result of inducing vomiting)

- Dry skin and hair, and brittle nails
- Fine hair on the body (lanugo)
- Cold, mottled hands and feet, or swelling of the feet
- Poor wound healing
- Impaired immune functioning, which may make them more vulnerable to illness

Learn more about the warning signs of eating disorders here: [nationaleatingdisorders.org/warning-signs-and-symptoms](https://nationaleatingdisorders.org/warning-signs-and-symptoms)

*Eating disorders are common among students with high academic achievement and they often feel pressure to maintain their performance, even when their physical and mental health are compromised.*

## Busting Eating Disorders Stereotypes

It is important not only to recognize the physical, emotional, and behavioral warning signs of eating disorders, but also to challenge stereotypes about who is affected. We live in a society where the stereotype persists that eating disorders occur most frequently among skinny, white, heterosexual, affluent girls and women. The truth is very different:

*There is no association between someone's socioeconomic status and eating disorders. In fact, studies show eating disorders are increasing more rapidly among those with lower incomes and those experiencing food insecurity.*

*94% of people with eating disorders live in "average" or higher weight bodies, while only 6% are medically underweight.*

*Rates for eating disorders in the United States are similar among people of color and white individuals.*

*Eating disorders are nearly as common among men as they are among women and are even higher among transgender and non-binary individuals.*

The bottom line is that these illnesses impact people of all ages, genders, races, body types, socio-economic statuses, and backgrounds. Relying on narrow stereotypes about who is affected can result in missed warning signs and delayed support.





## EARLY INTERVENTION

### What to Do if You're Concerned About a Student

If you think a student might be at risk for disordered eating or is already struggling with an eating disorder, you're in a key position to help. Here are steps you can take to respond with care and appropriate support:

- **Document observations:** Record any concerning behaviors factually and include dates, as this is key for making referrals.
- **Follow guidelines:** Check your school's referral guidelines for concerns related to eating disorders or mental health.
- **Collaborate with appropriate staff:** In most cases, this means contacting your school's counseling or student services team. Together, you can decide how best to share your concerns, connect with resources, and plan next steps.



- **Protect privacy:** If a student discloses an eating disorder in a public setting, use protective interrupting to safeguard their privacy (e.g., “Thank you for sharing... let’s talk more after class/recess/gym.”).
- **Acknowledge trust:** Students often confide in a specific teacher or staff member for a reason. Recognize how difficult it can be for them to open up about personal issues.
- **Ask how they would like to be supported:** Privately ask the student how they would like others, including teachers, to respond to questions about their well-being and how they prefer to be supported.
- **Be honest:** Avoid making promises you can’t keep, such as “I won’t tell your parents.”
- **Highlight the importance of help:** Emphasize that early intervention is important and that help is available.

## Tips for Communicating with Parents/Guardians

Once the student has been referred to appropriate staff, successful communication with parents/guardians is essential. These tips can guide that process:

### Before the conversation:

- Reflect on family dynamics, cultural considerations, and any barriers to discussing your concerns.
- Approach the conversation with empathy and concern: Always ask if it’s a convenient time to talk and schedule if necessary.

### During the conversation:

- Lead with concern, not blame. Share specific, factual observations about the student’s behavior rather than interpretations. Here is an example of how to express concern in a supportive, nonjudgmental way: *“We’re concerned about [student’s name] because of some comments and behaviors we’ve noticed recently. [Student’s name] has made a lot of comments about feeling unhappy with their appearance or weight, and we’ve also observed behaviors such as [not eating lunch; eating very little; throwing lunch away; requesting a restroom pass immediately after eating and becoming very upset if not given a pass]. I was wondering if you had any concerns or noticed anything recently.”*

### Additional conversation tips:

- Be mindful that parents/guardians may feel guilty, blamed, or responsible for the eating issue or disorder. Listen without interrupting, judging, or making promises.
- Don’t offer advice or make a diagnosis.
- Share resources and encourage families to seek professional support.

**If the conversation isn't going well:**

- Don't persist with a conversation that isn't going well. This may damage future communication.
- Acknowledge the difficulty of the topic.
- Reassure them it's okay not to talk at that moment.
- Reiterate the school's concern for their child.
- Let them know you'll follow up and are available to talk anytime.
- Let them know about the school's duty of care to its students, which includes ensuring their emotional and mental wellbeing. This means educators share a collective responsibility to notice signs of student distress and provide appropriate support or referrals when needed.

**After the conversation:**

- Send a written summary of the discussion and any agreed-upon next steps to confirm shared understanding. A sample letter for follow-up communication with parents/guardians can be found in Appendix F.
- Clarify what support the school can offer (e.g., informal accommodations or a 504 plan).
- Specify who will serve as the family liaison (typically a school psychologist, counselor, or nurse) to help maintain an open and supportive relationship.
- Focus on the general well-being of the student, especially if discussing an eating disorder directly seems too sensitive.
- Ask families what kind of support would be most helpful.
- Collaboratively decide on the next steps whenever possible.

**Involving the Student:**

- If appropriate, involve the student in discussions with their parents/guardians.
- Seek to understand, explore, and mitigate any barriers that might prevent a student from speaking directly with their parent/guardian.
- When possible, work with the student to establish an agreement that allows for open communication with their parent/guardian.
- If a student requests that their parents/guardians not be informed, consult with a student services professional. Your school's counselor or social worker will be able to advise as to reporting guidelines in accordance with district and state requirements.
- If you have concerns about a child's wellbeing, consult with the counseling and student services team at your school. If there are concerns related to possible medical neglect, the school-based team can provide guidance on reporting requirements and support in making a report. When in doubt, educators should report concerns to Child Protective Services.



## What to Do When a Family Shares a Diagnosis

If a parent/guardian shares that their child has been diagnosed with an eating disorder:

- **Thank the family:** Express appreciation for sharing this information and affirm your commitment to supporting their child at school.
- **Review guidelines:** Check if your school has guidelines for how to support a student diagnosed with an eating disorder.
- **Meet with the family:** Meet with the student and parents/guardians to determine what their needs are and how the school can support the student throughout the recovery process.
- **Set accommodations:** Establish any necessary informal accommodations, and explore if an evaluation for a Section 504 Accommodation Plan would be supportive of the student. A 504 plan provides formal school-based accommodations and supports for students whose physical or mental health needs significantly impact their daily functioning and learning. Consult with your school's 504 Coordinator for guidance on evaluation procedures and next steps.
- **Coordinate care:** Work with a multidisciplinary team of professionals, school personnel, and family members to ensure the student receives appropriate medical monitoring, nutrition supervision, and psychological interventions as needed.
- **Obtain releases:** Task counselors or social workers with securing documentation to allow the school-based team to connect directly with a student's external support team (medical staff, dietitians, and therapists) to streamline continuity of care.
- **Assign a liaison:** Identify a school staff member to serve as the family contact, fostering a supportive relationship and ensuring consistent communication to support the student's recovery.

## Issues of Confidentiality

Parents/guardians of children with an eating disorder (diagnosed or undiagnosed) sometimes express frustration about what they perceive as a lack of communication about their child's behavior from school teachers, coaches, school counselors, and other school administrative personnel. While parents/guardians often feel frustrated when schools don't share concerns about their child, educators feel constrained by laws, regulations, and limited daily contact that make it difficult to observe or communicate issues.

While specific laws may vary by state, the American School Counselor Association's Position Statement on Confidentiality can be helpful in understanding the delicate balance of family and school communication: "School counselors recognize their primary obligation regarding confidentiality is to the student and balance that obligation with an understanding of legal rights of parents/guardians to be the guiding voice in their children's lives." School-based teams understand that families play an integral role in supporting students' wellbeing and seek to build strong, cohesive relationships with families, while recognizing the legal and ethical boundaries of confidentiality to students.

### **Supporting Students Who Know a Fellow Student with an Eating Disorder:**

- When supporting the student's classmates, protect confidentiality and privacy by providing general information about how to be supportive to a friend who is experiencing an eating disorder.
- Remind the student that they are not responsible for their friend's eating disorder or recovery and that they cannot "fix" their friend.

### **Support friends and fellow students by providing information and opportunities to talk about:**

- Emotions they may be experiencing
- Coping with the changes in their friend (i.e., behavioral and social changes such as increased agitation or social isolation)
- Strategies to support their friend (i.e., avoidance of triggering topics like body size, appearance, eating behaviors)
- Strategies to support themselves (taking time-out, talking with the school counselor, or going to a peer support group)
- The friends of the student with an eating disorder can be supportive by learning basic information about eating disorders. Such information could be integrated into health education classes, if those classes are available for students.



# TREATMENT

Eating disorder care starts with an evaluation to determine a diagnosis and guide treatment. Effective treatment involves a multidisciplinary team, typically a physician, dietitian, and mental health provider, who collaborate to meet the individual needs of the student.

## Types of Treatment

Treatment includes different levels of care based on the student's medical and psychiatric requirements.

Level of Care	Description	Appropriate For
Outpatient (OP)	Regular sessions with therapist, physician, psychiatrist, and dietitian.	Students who are medically and psychiatrically stable and can use recovery skills independently.
Intensive Outpatient (IOP)	Structured group and individual therapy with meal support several times per week.	Medically and psychiatrically stable; need more support than outpatient.
Partial Hospitalization (PHP)	Full-day treatment and meals at the program; return home at night.	Medically and psychiatrically stable; need daily, structured care.
Residential Treatment (RTC)	24-hour care, including therapy, nutrition, and support in a live-in setting.	Medically stable; symptoms persist despite lower levels of care.
Inpatient (IP)	24-hour hospital-based medical and psychiatric monitoring.	Medically compromised and require immediate stabilization.

## Role of the Educator During Treatment

When a student begins outpatient treatment or prepares to transition into a higher level of care (such as partial hospitalization or residential treatment), educators can play a vital supportive role:

- **Communicate with the care team:** With appropriate permissions, coordinate with parents/guardians, school counselors, and treatment providers to understand attendance needs, academic adjustments, or schedule changes.
- **Offer flexible academic support:** Provide extended deadlines, reduced workloads, or alternative assignments to reduce stress without compromising learning.
- **Maintain normalcy and inclusion:** Treat the student respectfully and include them in class activities without drawing unwanted attention to their treatment. Avoid singling them out or discussing their health publicly.
- **Check in privately and respectfully:** If the student shares updates or concerns, listen without judgment. Avoid probing for details about treatment. Focus on their comfort and success at school.
- **Watch for signs of distress:** Observe for academic or emotional challenges that might suggest additional support is needed, and communicate these observations through proper channels.
- **Encourage peer sensitivity:** Without breaching confidentiality, reinforce a classroom culture of kindness, inclusivity, and respect for privacy.

By providing stability, understanding, and clear communication, educators help students stay connected to their school community and support their recovery process.

## Role of the Educator After Treatment

Returning to school after higher levels of care for an eating disorder can be a vulnerable and challenging time for students. As an educator, you play a critical role in supporting a smooth and compassionate reintegration into the school environment. Students may be navigating ongoing medical, psychological, and academic needs, as well as anxiety around peer interactions, academic performance, and potential triggers.

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*“You play a critical role in supporting a smooth and compassionate reintegration into the school environment.”*

Working closely with families, treatment providers, and school staff, you can help ensure that returning students feel supported, not overwhelmed, and are given the space and flexibility they need to continue healing while re-engaging with school life. The following are key ways educators can support students during this transition:

- **Meet before return:** Meet with the student and parents/guardians before the student returns to school to discuss needed support.
- **Understand cognitive effects:** Recognize that eating disorders can affect concentration, focus, memory, and information processing and ensure expectations are realistic.
- **Collaborate on reintegration:** Work with parents/guardians, the treatment team, and school staff to create a reintegration plan that addresses the student's medical, psychological, and academic needs.
- **Explore formal accommodation:** Consider whether a 504 evaluation may be supportive. If asked to serve on the 504 team, support the family in advocating for accommodations that can include: medical monitoring, release from physical education classes, cafeteria accommodations, and ongoing communication.
- **Develop a flexible plan:** Create an academic plan that balances realistic workloads and deadlines with important learning goals (i.e., reduced workload, alternative assignments for physical education requirements, extended time on assignments/tests, peer tutoring, copies of class notes from missed days, and access to a quiet study location, as needed).
- **Offer support to manage anxiety:** Discuss strategies to help students manage anxiety about transitioning back to school, resuming classwork, engaging in social interactions, and/or encountering triggers to their disordered eating.
- **Consider timing:** Be mindful of when to make potentially stressful decisions, such as determining if a student should repeat a grade.
- **Advocate for the student:** Support students in ways such as helping them manage scheduling conflicts between school and medical appointments, and educating staff about the effects of eating disorders or potential side effects of medications.
- **Provide in-school counseling:** Utilize relaxation techniques, reflective listening, and short-term solution-focused problem solving for school-based issues.
- **Consult with the school nurse:** Coordinate with the school nurse for periodic assessments to monitor pulse and blood pressure, medication management, handling medical releases and restriction forms for activities and meals, and/or monitoring the student during meals as needed.
- **Assign primary contact:** Identify which staff member is responsible for monitoring the student's well-being and communicating updates to parents/guardians and the treatment team.

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Supporting students with eating disorders or other serious health issues can be challenging. Remember to prioritize your own well-being and self-care as an educator. Consult with your district leadership for resources if you need further support.



## **APPENDIX**

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### **A: Frequently Asked Questions**

#### **What is an eating disorder?**

Eating disorders are serious but treatable mental and physical illnesses. They often co-occur with other mental health conditions such as depression or anxiety. Eating disorders can become serious, chronic, and sometimes even life-threatening if not recognized and treated appropriately. In fact, they have the second highest mortality rate of all mental health disorders, surpassed only by opioid use disorder.

#### **Who gets eating disorders?**

Eating disorders affect people of all genders, ages, races, religions, ethnicities, sexual orientations, body shapes, and weights. In the United States alone, nearly 30 million Americans will experience an eating disorder at some point in their lives.

#### **Is long-term recovery possible?**

Yes. Many people who get early, appropriate treatment for an eating disorder can fully recover and stay well over time. Even when some symptoms remain, treatment can significantly reduce the impact of the illness, leading to a better relationship with food and improved mental health.

Recovery is different for everyone and should be tailored to each person and their family. Experts often view eating disorders as conditions that can be managed effectively with the right care and support. It's common for people to experience setbacks or relapses during recovery, but these are a normal part of the process. Many in recovery see it as an ongoing journey of managing food, body image, and mental health.

### **Do eating disorders only affect teens and adults?**

No. Eating disorders can occur in young children, even in elementary school. While symptoms may look different than in older students, warning signs in younger children can include extreme picky eating, significant anxiety around food, refusal to eat in front of others, frequent stomachaches without a medical explanation, or noticeable changes in growth patterns. Early recognition and support are critical, as eating disorders in children can impact physical development, learning, and emotional wellbeing.

### **I'm noticing some changes in weight, eating habits, exercise, etc., with a student, but I'm not sure if it's an eating disorder. How can I tell?**

Unless you are a physician or mental health provider, you cannot make a diagnosis. You can, however, refer the student to appropriate resources and share your observations privately with your school's counselor or student services team. Keep in mind that denial is often part of eating disorder behavior, and a student may initially be unreceptive to the suggestion that anything is of concern and warrants immediate attention. It may take several conversations before they are ready to listen to your concerns.

### **What if I say the wrong thing and make it worse?**

Family, friends, coaches, and school staff often express concern about saying the wrong thing and making the eating disorder worse. Just as it is unlikely that a person can say something to make the eating disorder significantly better, it is also unlikely that someone can say something to make the disorder worse.

### **Are the issues different for males with an eating disorder? What should I say?**

Some issues may differ for male students with eating disorders. Because eating disorders are often portrayed as a female concern, males may experience greater shame or reluctance to seek help. When talking to a male student, avoid labeling the problem as an "eating disorder"; instead, focus on specific behaviors you've observed and why they concern you. Keep the conversation brief, direct, and supportive. While the emotional and physical consequences are similar across genders, males may be more focused on muscle gain rather than weight loss, so be mindful of how concerns present.

### **Are eating disorders a choice?**

No, eating disorders are not a choice. They are serious mental health conditions influenced by a combination of genetic, psychological, and environmental factors. Recovery involves more than simply deciding to stop the behaviors—it requires professional treatment and support.

## B: Resources for School Staff

### **Eating Disorders and the School Setting**

Guidance from the American Academy of Pediatrics for supporting students in schools:  
[aap.org/en/patient-care/school-health/mental-health-in-schools/eating-disorders-and-the-school-setting](http://aap.org/en/patient-care/school-health/mental-health-in-schools/eating-disorders-and-the-school-setting)

### **Body Confident Schools Training**

Free webinar and resources on creating a body-confident school:  
[hsph.harvard.edu/striped/health-professional-trainings/body-confident-schools-training](http://hsph.harvard.edu/striped/health-professional-trainings/body-confident-schools-training)

### **NEDA's *Understanding Eating Disorders* Presentation**

An introduction to eating disorders and how to help, suitable for students and school staff:  
[nationaleatingdisorders.org/presentation-page](http://nationaleatingdisorders.org/presentation-page)

## C: Curriculums on Body Image and Eating Disorders

### **BeREAL**

Nutrition lessons to reduce negative body image and prevent eating disorders for middle and high school:

[berealusa.org/lets-eat/](http://berealusa.org/lets-eat/)

Body image curriculum for high school students:

[berealusa.org/be-reals-bodykind-high-school-curriculum](http://berealusa.org/be-reals-bodykind-high-school-curriculum)

### **The Body Project**

Group-based program helping students challenge beauty ideals and build healthy body image:  
[nationaleatingdisorders.org/the-body-project](http://nationaleatingdisorders.org/the-body-project)

### **Embrace Kids School Curriculum**

Evidence-based body image curriculum for Grades 5–8 with videos and activities:  
[embracekidsglobal.com](http://embracekidsglobal.com)

### **Self-Esteem and Body Image Journal**

Student activities to build self-esteem and positive body image from the Cameron K. Gallagher Foundation:

[ckgfoundation.org/\\_files/ugd/73ab3d\\_6cd3fabe81a342778e15d93075589f74.pdf](http://ckgfoundation.org/_files/ugd/73ab3d_6cd3fabe81a342778e15d93075589f74.pdf)

## D: General Mental Health School Resources

### **Classroom Mental Health**

Strategies and tools to support student mental health in the classroom:  
[classroommentalhealth.org](https://classroommentalhealth.org)

### **School Mental Health Resource & Training Center**

Mental health resources, curricula, and online training to reduce stigma:  
[mentalhealthednys.org](https://mentalhealthednys.org)

## E: Handouts

### **What Are Eating Disorders**

[nationaleatingdisorders.org/wp-content/uploads/2024/10/WhatAreEDs.pdf](https://nationaleatingdisorders.org/wp-content/uploads/2024/10/WhatAreEDs.pdf)

### **Warning Signs and Symptoms of Eating Disorders**

[nationaleatingdisorders.org/wp-content/uploads/2025/04/Signs.pdf](https://nationaleatingdisorders.org/wp-content/uploads/2025/04/Signs.pdf)

### **Tips for Students**

[nationaleatingdisorders.org/wp-content/uploads/2025/07/Back-to-School-Student-Tips.pdf](https://nationaleatingdisorders.org/wp-content/uploads/2025/07/Back-to-School-Student-Tips.pdf)

### **Tips for Educators**

[nationaleatingdisorders.org/wp-content/uploads/2025/07/Educators.pdf](https://nationaleatingdisorders.org/wp-content/uploads/2025/07/Educators.pdf)

## F: Sample Letter

### **Sample Letter for After Conversation with Parents/Guardians**

[nationaleatingdisorders.org/wp-content/uploads/2025/10/Sample\\_Letter\\_for\\_Educators.pdf](https://nationaleatingdisorders.org/wp-content/uploads/2025/10/Sample_Letter_for_Educators.pdf)

# **ACKNOWLEDGMENTS**

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## **Revised Edition**

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## Introduction

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## Tips for Communicating with Parents/Guardians

ECRI Institute Bulimia Resource Guide. [bulimiaguide.org](https://bulimiaguide.org)

ECRI Institute interviews with educators.

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